

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11919

State File No. ....

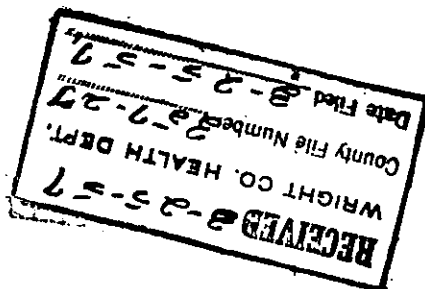
FILED MAR 26 1957

BIRTH NO. ....		REG. DIST. NO. <u>779</u>		PRIMARY REG. DIST. NO. <u>4553</u>		Registrar's No. <u>200</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Manassfield</u> c. LENGTH OF STAY (In this place) <u>11408</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manassfield, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> c. CITY OR TOWN <u>Manassfield</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Manassfield, Mo. 11408</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Ingalls</u> c. (Last) <u>Wilder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-57</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2/7/1867</u>		9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Author</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wassconsen</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Ingalls</u>		13b. MOTHER'S MAIDEN NAME <u>Cecily Quiner</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Jane, Saybury, Conn.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1956</u> to <u>1957</u> , that I last saw the deceased alive on <u>Feb 10, 1957</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Cunningham</u> (Doctor or title)		23b. ADDRESS <u>Manassfield, Mo.</u>		23c. DATE SIGNED <u>3/2/57</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/13/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manassfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Manassfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/2/57</u>		REGISTRAR'S SIGNATURE <u>Ann Perkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don G. Turrell</u>		ADDRESS <u>Manassfield, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
26 1957

DEC 22 1958



# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4847  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.